

EXHIBIT 2

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION

UNITED STATES OF AMERICA, :
Plaintiff, :
vs. : Civil Action No.
THE STATE OF MISSISSIPPI, : 3:16-cv-00622
Defendant. :

DEPOSITION OF: MELODIE PEET

DATE: Tuesday, September 25, 2018

TIME: 8:53 a.m.

LOCATION: Capital Reporting Company
1250 Eye Street, N.W.
Washington, D.C.

REPORTED BY: Denise M. Brunet, RPR
Reporter/Notary

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1 Q When I refer to SMI in this deposition,
2 I'm referring to serious mental illness. Would
3 that be okay?

4 A Yes.

5 Q All right. How do you know when a state
6 has sufficient community-based services to meet
7 the needs of its SMI population?

8 A There's no -- you know, there's no
9 formula to answer that question. I think those of
10 us who work in this field have, you know, wished
11 for that formula for a long time. But NASMHPD,
12 National Association of Mental Health Program
13 Directors, put out a series of monographs just
14 last year about what an ideal community system
15 would look like or what state hospital need would
16 look like if there was an adequate community
17 mental health system. And at the front end of
18 that series of monographs, you know, they restated
19 that there's no formula.

20 In my experience, what you have to do is,
21 you know, put the infrastructure in place, the
22 basics that are, you know, really seen as the core

1 elements of a community-based system, and then
2 monitoring utilization and continue to adapt and
3 expand the services based on that utilization.

4 Because not only does it change based on,
5 you know, numbers of people coming out of state
6 hospitals, for example, if you have, for example,
7 good ACT teams in place, the level of acuity of
8 need will go down over time. So it's a constantly
9 moving picture that really requires, I would say,
10 annual assessments about demand for services, and
11 then, you know, you've got to figure that out and
12 go back to the legislature with a request for an
13 additional appropriation. That's been my
14 experience -- or not, depending on the direction
15 the demand is moving.

16 Q The monographs you just mentioned, did
17 one discuss the need for inpatient psychiatric
18 beds?

19 A It did.

20 Q Do you recall its conclusion?

21 A My recollection is the conclusion was --
22 and this is sort of consistent across most of the

1 Q For other community-based services you've
2 identified on pages 11 through 14 of your report,
3 did you make any determinations regarding what it
4 would cost Mississippi to provide any of those
5 services?

6 A I did not.

7 Q Do you have any knowledge regarding what
8 states sufficiently provide CSU services to its
9 adults with SMI?

10 A I have not analyzed that.

11 Q All right. Let's take about PACT,
12 P-A-C-T, and intensive case management. What
13 should Mississippi do regarding PACT?

14 A I think Mississippi should ensure that
15 there's at least one PACT team in each region.
16 It's been proven to be one of the most effective
17 services at helping to maintain people safely in
18 the community. I think it's an essential part of
19 the service array.

20 Q Does PACT have any limitations?

21 A One of -- there are pluses and minuses to
22 trying to use the PACT model in a rural area. I

1 think the pluses are, you know, there's often a
2 paucity of services in rural parts of any state
3 and ACT is designed to be a self-contained service
4 model so you don't have to rely so much on
5 external services.

6 The downside to trying to use PACT
7 sometimes is work force considerations. I mean,
8 since it relies on an interdisciplinary team with
9 either psychiatrists or an APRN, for example,
10 sometimes it's hard to find those people in rural
11 parts of the state. So many rural areas have
12 tried adaptations to the PACT model, looking at
13 the differences in the array of professionals on
14 the team, for example.

15 Q When you refer to ACT, is that the same
16 thing as PACT?

17 A Sorry, yes.

18 Q No, it's fine. Do you think some of the
19 modifications that have been made to PACT in rural
20 areas may be appropriate for rural areas in
21 Mississippi?

22 A If I were the director, I would try -- I

1 would try those adaptations to see if they could
2 work in those regions. I think the -- the
3 essential ingredient in PACT is the intensity of
4 the service connection and the availability. And
5 I think -- if you maintain that, I think you can
6 find ways to connect people to the disciplines
7 that may be not, you know, there on a daily basis.
8 So, yes, I think they should experiment with
9 adaptations to the model.

10 Q Is PACT voluntary?

11 A Yes. It uses a very aggressive
12 engagement model, but it's voluntary.

13 Q In your involvement in this case, did you
14 determine the array of services that PACT teams
15 offer in Mississippi?

16 A It's my understanding that Mississippi
17 was attempting to develop their PACT teams with
18 fidelity to the original program model that was
19 established by Len Stein in Wisconsin.

20 Q In the regions that Mississippi does
21 offer PACT, did you identify any PACT services
22 that should be offered that Mississippi is not